

Lincoln Parks and Recreation

KIDS DAY OFF

2004-2005



**Supervised play for
Grades K - 6.
Meet on
the weeks
when public
elementary
schools are NOT
in session.**

Irving Recreation Center
2010 Van Dorn, Lincoln NE 68502
Phone 441-7954

**Registration Begins
September 13!**

Activities will include: Organized games, crafts, occasional field trips and selected activities. Children must bring a sack lunch, drink and tennis shoes. An afternoon snack will be provided.

Registration Deposit: Registration requires a \$10 per week, per child, nonrefundable, non-applicable deposit. Registration is limited. Deposit is required for all families. We will mail confirmation, program information, total fee due, and payment schedule after processing.

Multiple Child Discount: Families enrolling more than one child will receive a multiple child discount, if all children live in the same household. The full base rate applies to the first child, and weekly rates will vary according to hours enrolling.

Sliding Fee Rate: (Consideration based on income and size of household) Complete a registration form and a sliding fee form that is available at Irving Recreation Center. These forms must be submitted with proof of income (recent paycheck stub or tax return). Please contact Irving Recreation Center to determine the amount you will need to pay.

FEES

Weekly Fee:

7-8:30 AM or 4:30-6:00 PM
\$12/per child
8:30 AM - 4:30 PM
\$67/per child

*Payment for later program
days is required 2 weeks
in advance.*

IRVING KIDS DAY OFF 2004-2005 REGISTRATION FORM

FL

Participant's Name _____ Site Attending _____

Address _____ City _____ State _____ Zip _____ Grade _____

Name of Parents _____ Child's Birthdate _____

Day Phone (Name of Parent at Day Phone) _____ Evening Phone _____

Another Person to contact in case of emergency _____ Phone _____

Week	7 - 8:30	8:30-4:30	4:30-6:00
#1 October 25-29			
#2 March 28-April 1			

Mark the weeks desired
and include deposit of
\$10.00/per child/per week
nonrefundable deposit.

Make checks payable to:
Lincoln Parks & Recreation
and return to
Irving Recreation Center.

OFFICE USE ONLY

Amount Enclosed:

\$ _____

Check # _____

Receipt # _____

Waiver and Release of all Claims

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Kids Day Off Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the city of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program.

I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent/Guardian _____ Relationship _____ Date _____

Field Trip Permission: I or we authorize Lincoln Parks and Recreation to take my child on all field trips, whether by van transportation or by walking during any of the days at Kids Day Off.

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature of Parent/Guardian _____ Relationship _____ Date _____

Signature of Parent/Guardian _____ Relationship _____ Date _____